KENTUCKY LEGISLATIVE ETHICS COMMISSION

22 Mill Creek Park

Frankfort, Kentucky 40601

(502) 573-2863 FAX (502) 573-2929

EMPLOYER'S NOTICE OF TERMINATION OF ENGAGEMENT FOR THE PERIOD FROM DATE OF LAST REPORT TO _____

Attach additional sheets when necessary.		
☐ Employers who are also registered as legislative as separate legislative agent updated registration statement.	agents may mark this box and are not required to file a	
EMPL	OYER	
Name of individual, business, or organization		
Name of person responsible for directing legislative activity_		
Business address (number and street)		
City, State, Zip Code	Telephone/	
Source of funds and financial resources (applies to associatio	n, coalition, or public interest entity.)	
Real party in interest, if different from employer		
Nature of business		
LEGISLATIVE AGENTS E	NGAGED BY EMPLOYER	
Name		
Mailing Address (number and street)		
City, State, Zip Code	Phone/	
Name		
NameMailing Address (number and street)		
City, State, Zip Code	Phone/_	
Name		
Mailing Address (number and street)		
City, State, Zip Code		
☐ Information above is a change in information previo	uely provided	
into mation above is a change in information previo	usiy provided.	
List the specific bills/resolutions/issues lobbied during the re-	porting period. (Eg. HB 58; if none, so state.)	
	·	
Since the last registration statement has employer terminated		
YESNO. If yes, list names of agents term	minated and dates of termination	

EMPLOYER'S STATEMENT OF EXPENDITURES (KRS 6.821)

Filers to use the accrual method of accounting. Attach additional sheets when necessary.

A.

section B, below. This inforprior to filing.	mation must be provided to the named legislators at least ten
Names	
Amount \$	Date
Description	
	Category A Total \$
6.611(2)(b) 8., 11., or 12. N	for receptions, meals, or events which qualify under KRS ote: trade associations are now included as sponsoring entity i
6.611(2)(b)12.	
Names of individuals, or gro	up of public servants invited
	Amount \$
Description	
Names of individuals, or gro	up of public servants invited
Date and location of event _	Amount \$
Description	
Names of individuals or are	up of public servants invited
	Amount \$
•	
	Category B Total
(other than personal expen	d with employer's lobbying activities, during the reporting pe ses) including reimbursements to a legislative agent. Personal iness expense under the Internal Revenue Code.
	d transportation \$
Food, beverages, lodging and	x transportation ψ
Food, beverages, lodging and Office expenses \$	transportation ψ
Office expenses \$Professional & technical rese	earch & assistance (eg. consulting fees) \$
Office expenses \$Professional & technical rese Educational & promotional i	earch & assistance (eg. consulting fees) \$tems \$

D. Compensation paid to legislative agents prorated using the accrual accounting method to r time legislative agents were engaged in lobbying during this reporting period.		
	Agent	
	Agant	
	AgentAmount \$	
	Agent	
	Amount \$	
	Amount \$	
		Category D Total \$
		TOTAL OF ALL CATEGORIES \$
		TOTAL OF ALL CATEGORIES \$
	end of the second calendar year a	
		ANCIAL TRANSACTIONS (KRS 6.611(18), 6.824, 6.827)
on a s	separate statement filed wit	financial transaction, as defined below, the details required are provided the this updated registration statement. A copy of the attached statement ed, in accordance with KRS 6.827(1), on(date).
arisin any co memb	ng from the joint ownership, commercial or business enterp	action is a transaction or activity conducted or undertaken for profit and ownership, or part ownership in common of any real or personal property or orise of whatever form or nature between a legislative agent, his employer, or and a member of the General Assembly, the Governor, the secretary of a for these officials.
		NGLY FILES A FALSE STATEMENT IS IN VIOLATION OF STATE ES AND OTHER PENALTIES.
	ERTIFY UNDER PENALTY (GISTRATION IS COMPLETE	OF LAW THAT THE INFORMATION GIVEN IN THIS UPDATED E AND ACCURATE.
DATI	ΓΕ SIG	NATURE(Employer)